Citizen Complaint Form

LAST NAME:	FIRST NAME:	
RACE: African American White / Eur	ro 🗆 Asian 🗆 Mexican 🗆 Latin 🗀 Arabic 🛭	Other
ADDRESS:	CITY:	_ STATE:
DATE of BIRTH: SEX:	l _{MALE} □ _{FEMALE}	
HOME PHONE:	BUSINESS PHONE:	
E-Mail Address:		
VI	CTIM / WITNESS INFORMATION	
Are you the victim of this incident complaint? YES or NO		
If you are filing on behalf of someone else, what is your relationship to the person?		
☐ Parent ☐ Guardian ☐ Other		
Witness A:		
LAST NAME:	FIRST NAME:	
RACE: ☐ African American ☐ White / Euro ☐ Asian ☐ Mexican ☐ Latin ☐ Arabic☐ Other		
ADDRESS:	CITY:	STATE:
DATE of BIRTH: SEX:	MALE FEMALE	
HOME PHONE:	BUSINESS PHONE:	
Witness B:		
LAST NAME:	FIRST NAME:	
RACE: African American White /	Euro Asian Mexican Latin Arabic	' Other
ADDRESS:	CITY:	STATE:
DATE of BIRTH: SEX:	□ MALE □ FEMALE	
HOME PHONE:	BUSINESS PHONE:	

INCIDENT INFORMATION Date of Incident: _____ Time of Incident: _____ Location of Incident: _____ Identify the police officer(s) complained of and also identify any officers at the scene who were present. If unknown, enter into the Description area (see below) the following: a physical description of the officer; type of duty performed; dressed in uniform or in civilian clothes; foot, motorcycle or auto patrol. First Officer: OFFICER NAME: ______ BADGE #: _____ PRECINCT/COMMAND: PATROL CAR#: DESCRIPTION OF OFFICER: ☐ Uniformed or ☐ Plain Clothed **Second Officer:** OFFICER NAME: BADGE #: PRECINCT/COMMAND: _____PATROL CAR#: _____ DESCRIPTION OF OFFICER: ☐ Uniformed or ☐ Plain Clothed **Description of Incident:** Please enter as much detail as possible about the actions of officer(s): I have read the forgoing complaint and the contents thereof are true to the best of my knowledge: ☐ True ☐ False

☐ Please contact me as soon as possible regarding this matter.